

Montana 2000

Behavioral Risk Factor Surveillance System

Questionnaire

CORE SECTIONS

Section 1: Health Status.....	2
Section 2: Health Care Access.....	4
Section 3: Asthma.....	9
Section 4: Diabetes.....	10
Section 5: Care Giving.....	11
Section 6: Exercise.....	12
Section 7: Tobacco Use.....	15
Section 8: Fruits and Vegetables.....	17
Section 9: Weight Control.....	20
Section 10: Demographics.....	22
Section 11: Women's Health.....	28
Section 12: HIV/AIDS.....	32

OPTIONAL MODULES

Module 1: Diabetes.....	39
Module 2: Sexual Behavior.....	43
Module 3: Family Planning.....	47
Module 6: Oral Health.....	52
Module 10: Immunization.....	55
Module 13: Cardiovascular Disease.....	56
Module 18: Tobacco Use Prevention.....	60
Module 19: Smokeless Tobacco.....	62

STATE-ADDED QUESTIONS

Demography (American Indian heritage).....	63
HIV/AIDS:.....	63
Diabetes:.....	64
Tobacco Use.....	65
Nutrition:.....	66
Oral Health.....	66
Traffic Safety.....	67
Firearms.....	68
Boating/Open-water Safety.....	70

HELLO, I'm _____ calling for the _____ and the Centers for Disease Control and Prevention. We're gathering information on the health practices of residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

Is this _____ ? **If "no"** Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **Stop**

Is this a private residence? **If "no"** Thank you very much, but we are only interviewing private residences. **Stop**

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older? (62-63)

Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with.
Enter 1 man or 1 women below (Ask gender if necessary). Go to page 3

If "no" Is the adult a man or a woman? **Enter 1 man or 1 women below.**
May I speak with [fill in (him/her) from previous question]? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Number of men _____ (64)

Number of women _____ (65)

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____.
If "you," go to page 2

To correct respondent HELLO, I'm _____ calling for the _____ and the Centers for Disease Control and Prevention. We're gathering information on the health practices of _____ residents to guide state health policies. You have been chosen randomly to be interviewed, and we'd like to ask some questions about day-to-day living habits that may affect health.

We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. There are no risks or benefits to you being in this survey. Taking part is up to you. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes _____ minutes. All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

Section 1: Health Status

1.1. Would you say that in general your health is: (66)

Please Read

- | | |
|---------------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

**Do not
read these
responses**

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (67-68)

- | | |
|---------------------|-----|
| a. Number of days | |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
(69-70)

a. Number of days

b. None **If Q1.2 also "None," go to Q2.1 (p. 4)** 8 8

Don't know/Not sure 7 7

Refused 9 9

1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
(71-72)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

Section 2: Health Care Access

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)
- a. Yes 1
 - b. No **Go to Q2.3a (p. 6)** 2
 - Don't know/Not sure **Go to Q2.6 (p. 7)** 7
 - Refused **Go to Q2.6 (p. 7)** 9
- 2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (74)
- a. Yes **Go to Q2.6 (p.7)** 1
 - b. No 2
 - Don't know/not sure 7
 - Refused 9

- 2.3. What type of health care coverage do you use to pay for most of your medical care?
(75-76)

Is it coverage through: Coverage Code

Please Read

- | | |
|--|-----|
| a. Your employer Go to Q2.4 (p.7) | 0 1 |
| b. Someone else's employer Go to Q2.4 (p.7) | 0 2 |
| c. A plan that you or someone else buys on your own Go to Q2.4 (p.7) | 0 3 |
| d. Medicare Go to Q2.6 (p.7) | 0 4 |
| e. Medicaid or Medical Assistance [or substitute state program name]
Go to Q2.4 (p.7) | 0 5 |
| f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]
Go to Q2.4 (p.7) | 0 6 |
| g. The Indian Health Service [or the Alaska Native Health Service]
Go to Q2.4 (p.7)
or | 0 7 |
| h. Some other source Go to Q2.4 (p.7) | 0 8 |
| None Go to Q2.5 (p.7) | 8 8 |
| Don't know/Not sure Go to Q2.4 (p.7) | 7 7 |
| Refused Go to Q2.4 (p.7) | 9 9 |

**Do not
read these
responses**

- 2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (77-78)

Coverage through: Coverage Code

Please Read

If more than one, ask "Which type do you use to pay for most of your medical care?"

- | | |
|--|-----|
| a. Your employer | 0 1 |
| b. Someone else's employer | 0 2 |
| c. A plan that you or someone else buys on your own | 0 3 |
| d. Medicare Go to Q2.6 (p. 7) | 0 4 |
| e. Medicaid or Medical Assistance [or substitute state program name] | 0 5 |
| f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA] | 0 6 |
| g. The Indian Health Service [or the Alaska Native Health Service]
or | 0 7 |
| h. Some other source | 0 8 |

Do not read these responses

- | | |
|---|-----|
| None Go to Q2.5 (p.7) | 8 8 |
| Don't know/Not sure Go to Q2.6 (p.7) | 7 7 |
| Refused Go to Q2.6 (p.7) | 9 9 |

- 2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (79)
- a. Yes **Go to Q2.6** 1
 - b. No **Go to Q2.6** 2
 - Don't know/Not sure **Go to Q2.6** 7
 - Refused **Go to Q2.6** 9
- 2.5. About how long has it been since you had health care coverage? (80)
- Read Only if Necessary**
- a. Within the past 6 months (1 to 6 months ago) 1
 - b. Within the past year (6 to 12 months ago) 2
 - c. Within the past 2 years (1 to 2 years ago) 3
 - d. Within the past 5 years (2 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Never 8
 - Refused 9
- 2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (81)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

2.7. About how long has it been since you last visited a doctor for a routine checkup?
(82)

Read Only if Necessary

A routine
checkup is a
general phys-
ical exam, not
an exam for
a specific
injury, ill-
ness, or con-
dition

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

Section 3: Asthma

- 3.1 Did a doctor ever tell you that you had asthma? (83)
- a. Yes 1
 - b. No **Go to Q4.1 (p. 10)** 2
 - Don't know/Not sure **Go to Q4.1 (p. 10)** 7
 - Refused **Go to Q4.1 (p. 10)** 9
- 3.2 Do you still have asthma? (84)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Section 4: Diabetes

4.1.	Have you ever been told by a doctor that you have diabetes?	(85)
If "Yes" and female, ask "Was this only when you were pregnant?"	a. Yes	1
	b. Yes, but female told only during pregnancy	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

Section 5: Care Giving

5.1. There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older? (86)

- a. Yes 1
- b. No 2

Don't Know/Not Sure 7

Refused 9

5.2. Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves? (87-88)

Read Only if Necessary

- a. Relative or friend 0 1
- b. Would provide care myself 0 2
- c. Nursing home 0 3
- d. Home health service 0 4
- e. Personal physician 0 5
- f. Area Agency on Aging 0 6
- g. Hospice 0 7
- h. Hospital nurse 0 8
- i. Minister/priest/rabbi 0 9
- j. Other 1 0
- k. Don't know who to call 1 1
- Refused 9 9

Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

- 6.1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (89)
- a. Yes 1
 - b. No **Go to Q7.1 (p. 15)** 2
 - Don't know/Not sure **Go to Q7.1 (p. 15)** 7
 - Refused **Go to Q7.1 (p. 15)** 9
- 6.2. What type of physical activity or exercise did you spend the most time doing during the past month? (90-91)
- Activity [specify]: _____
See coding list A
- Refused **Go to Q6.6 (p. 13)** 9 9

Ask Q6.3 only if answer to Q6.2 is running, jogging, walking, or swimming. All others, go to Q6.4.

- 6.3. How far did you usually walk/run/jog/swim? (92-94)

See coding list B if response is not in miles and tenths

Miles and tenths	— —.
Don't know/Not sure	7 7 7
Refused	9 9 9

- 6.4. How many times per week or per month did you take part in this activity during the past month? (95-97)

- a. Times per week 1
- b. Times per month 2
- Don't know/Not sure 7 7 7
- Refused 9 9 9

6.5. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (98-100)

Hours and minutes	—:
Don't know/Not sure	7 7 7
Refused	9 9 9

6.6. Was there another physical activity or exercise that you participated in during the last month? (101)

a. Yes	1
b. No Go to Q7.1 (p. 15)	2
Don't know/Not sure Go to Q7.1 (p. 15)	7
Refused Go to Q7.1 (p. 15)	9

6.7. What other type of physical activity gave you the next most exercise during the past month? (102-103)

Activity **[specify]**: _____
See coding list A

Refused Go to Q7.1 (p. 15)	9 9
-----------------------------------	-----

Ask Q6.8 only if answer to Q6.7 is running, jogging, walking, or swimming. All others go to Q6.9 (p.14).

6.8. How far did you usually walk/run/jog/swim? (104-106)

See coding list B if response is not in miles and tenths	Miles and tenths	— —.
	Don't know/Not sure	7 7 7
	Refused	9 9 9

- 6.9. How many times per week or per month did you take part in this activity? (107-109)
- | | |
|---------------------|-------|
| a. Times per week | 1 |
| b. Times per month | 2 |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |
- 6.10. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (110-112)
- | | |
|---------------------|-------|
| Hours and minutes | —: |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

Section 7: Tobacco Use

7.1.	Have you smoked at least 100 cigarettes in your entire life?	(113)
5 packs = 100 cigarettes	a. Yes	1
	b. No Go to Q8.1 (p. 17)	2
	Don't know/Not sure Go to Q8.1 (p. 17)	7
	Refused Go to Q8.1 (p. 17)	9
7.2.	Do you now smoke cigarettes everyday, some days, or not at all?	(114)
	a. Everyday	1
	b. Some days Go to Q7.3a	2
	c. Not at all Go to Q7.5 (p. 16)	3
	Refused Go to Q8.1 (p. 17)	9
7.3.	On the average, about how many cigarettes a day do you now smoke?	(115-116)
1 pack = 20 cigarettes	Number of cigarettes [76 = 76 or more] Go to Q7.4 (p. 16)	
	Don't know/Not sure Go to Q7.4 (p. 16)	7 7
	Refused Go to Q7.4 (p. 16)	9 9
7.3a.	On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?	(117-118)
1 pack = 20 cigarettes	Number of cigarettes [76 = 76 or more] Go to Q8.1 (p. 17)	
	Don't know/Not sure Go to Q8.1 (p. 17)	7 7
	Refused Go to Q8.1 (p. 17)	9 9

- 7.4. During the past 12 months, have you quit smoking for 1 day or longer? (119)
- a. Yes **Go to Q8.1 (p. 17)** 1
 - b. No **Go to Q8.1 (p. 17)** 2
 - Don't know/Not sure **Go to Q8.1 (p. 17)** 7
 - Refused **Go to Q8.1 (p. 17)** 9
- 7.5. About how long has it been since you last smoked cigarettes regularly, that is, daily? (120-121)
- Time code
- Read Only if Necessary**
- a. Within the past month (0 to 1 month ago) 0 1
 - b. Within the past 3 months (1 to 3 months ago) 0 2
 - c. Within the past 6 months (3 to 6 months ago) 0 3
 - d. Within the past year (6 to 12 months ago) 0 4
 - e. Within the past 5 years (1 to 5 years ago) 0 5
 - f. Within the past 15 years (5 to 15 years ago) 0 6
 - g. 15 or more years ago 0 7
 - Don't know/Not sure 7 7
 - Never smoked regularly 8 8
 - Refused 9 9

Section 8: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

- | | | |
|------|--|-----------|
| 8.1. | How often do you drink fruit juices such as orange, grapefruit, or tomato? | (122-124) |
| | a. Per day | 1 |
| | b. Per week | 2 |
| | c. Per month | 3 |
| | d. Per year | 4 |
| | e. Never | 5 5 5 |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |
| | | |
| 8.2. | Not counting juice, how often do you eat fruit? | (125-127) |
| | a. Per day | 1 |
| | b. Per week | 2 |
| | c. Per month | 3 |
| | d. Per year | 4 |
| | e. Never | 5 5 5 |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |

- 8.3. How often do you eat green salad? (128-130)
- a. Per day 1
 - b. Per week 2
 - c. Per month 3
 - d. Per year 4
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9
- 8.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (131-133)
- a. Per day 1
 - b. Per week 2
 - c. Per month 3
 - d. Per year 4
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9
- 8.5. How often do you eat carrots? (134-136)
- a. Per day 1
 - b. Per week 2
 - c. Per month 3
 - d. Per year 4
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9

8.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
(137-139)

Example:
A serving of
vegetables at
both lunch
and dinner
would be two
servings

- | | |
|---------------------|-------|
| a. Per day | 1 |
| b. Per week | 2 |
| c. Per month | 3 |
| d. Per year | 4 |
| e. Never | 5 5 5 |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

Section 9: Weight Control

9.1.	Are you now trying to lose weight?	(140)
a.	Yes Go to Q. 9.3	1
b.	No	2
	Don't know/Not sure	7
	Refused	9
9.2.	Are you now trying to maintain your current weight, that is to keep from gaining weight?	(141)
a.	Yes	1
b.	No Go to Q. 9.5 (p. 21)	2
	Don't know/Not sure Go to 9.5 (p. 21)	7
	Refused Go to Q. 9.5 (p. 21)	9
9.3.	Are you eating either fewer calories or less fat to...	
	lose weight? [if "Yes" on Q. 9.1]	
	keep from gaining weight? [if "Yes" on Q. 9.2]	(142)
Probe for which	a. Yes, fewer calories	1
	b. Yes, less fat	2
	c. Yes, fewer calories and less fat	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

9.4.	Are you using physical activity or exercise to...	
	lose weight? [if "Yes" on Q. 9.1]	
	keep from gaining weight? [if "Yes" on Q. 9.2]	(143)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

9.5.	In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?	(144)
------	--	-------

Probe
for
which

a. Yes, lose weight	1
b. Yes, gain weight	2
c. Yes, maintain current weight	3
d. No	4
Don't know/Not sure	7
Refused	9

Section 10: Demographics

10.1.	What is your age?	(145-146)
	Code age in years	
	Don't know/Not sure	0 7
	Refused	0 9
10.2.	What is your race?	(147)
	Would you say: Please Read	
	a. White	1
	b. Black	2
	c. Asian, Pacific Islander	3
	d. American Indian, Alaska Native	4
	or	
	e. Other: [specify] _____	5
	Don't know/Not sure	7
	Refused	9
10.3.	Are you of Spanish or Hispanic origin?	(148)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

Do not
read these
responses

10.4. Are you:(149)

Please Read

- a. Married 1
- b. Divorced 2
- c. Widowed 3
- d. Separated 4
- e. Never been married 5
- or**
- f. A member of an unmarried couple 6
- Refused 9

10.5. How many children live in your household who are...

Please Read

Code 1-9
7 = 7 or more
8 = None
9 = Refused

- a. less than 5 years old? ___ (150)
- b. 5 through 12 years old? ___ (151)
- c. 13 through 17 years old? ___ (152)

10.6. What is the highest grade or year of school you completed?

(153)

Read Only if Necessary

- a. Never attended school or only attended kindergarten 1
- b. Grades 1 through 8 (Elementary) 2
- c. Grades 9 through 11 (Some high school) 3
- d. Grade 12 or GED (High school graduate) 4
- e. College 1 year to 3 years (Some college or technical school) 5
- f. College 4 years or more (College graduate) 6
- Refused 9

10.7. Are you currently: (154)

Please Read

- | | |
|-------------------------------------|---|
| a. Employed for wages | 1 |
| b. Self-employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| g. Retired | 7 |
| or | |
| h. Unable to work | 8 |
| Refused | 9 |

10.8. Is your annual household income from all sources: (155-156)

Read as Appropriate

- | | |
|---|-----|
| a. Less than \$25,000 If "no," ask e; if "yes," ask b
(\$20,000 to less than \$25,000) | 0 4 |
| b. Less than \$20,000 If "no," code a; if "yes," ask c
(\$15,000 to less than \$20,000) | 0 3 |
| c. Less than \$15,000 If "no," code b; if "yes," ask d
(\$10,000 to less than \$15,000) | 0 2 |
| d. Less than \$10,000 If "no," code c | 0 1 |
| e. Less than \$35,000 If "no," ask f
(\$25,000 to less than \$35,000) | 0 5 |
| f. Less than \$50,000 If "no," ask g
(\$35,000 to less than \$50,000) | 0 6 |
| g. Less than \$75,000 If "no," code h
(\$50,000 to \$75,000) | 0 7 |
| h. \$75,000 or more | 0 8 |

**If res-
pondent
refuses
at any
income
level,
code
refused**

- | | |
|---------------------|-----|
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

**Do not
read these
responses**

- 10.9. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (157)
- a. Yes1

b. No **Go to Q10.12**2

Don't know/Not sure **Go to Q10.12**7

Refused **Go to Q10.12**9

- 10.10. Which of the following best describes your current military status? (158)

Are you: **Please Read**

Do not
read these
responses

- a. Currently on active duty **Go to Q10.12**1
- b. Currently in reserves **Go to Q10.12**2
- c. No longer in military service3
- Don't know/Not sure **Go to Q10.12**7
- Refused **Go to Q10.12**9

- 10.11. In the past 12 months have you received some or all of your health care from VA facilities? (159)

Probe for
which

- a. Yes, all of my health care1
- b. Yes, some of my health care2
- c. No, no VA health care received3
- Don't know/not sure7
- Refused9

- 10.12. About how much do you weigh without shoes? (160-162)

Round
fractions
up

- Weightpounds
- Don't know/Not sure7 7 7
- Refused9 9 9

Round
fractions
down

10.13.	How much would you like to weigh?	(163-165)
	Weight	pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9
10.14.	About how tall are you without shoes?	(166-168)
	Height	<u> </u> / ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9
10.15.	What county do you live in?	(169-171)
	FIPS county code	
	Don't know/not sure	7 7 7
	Refused	9 9 9
10.16.	Do you have more than one telephone number in your household?	(172)
	a. Yes	1
	b. No Go to Q10.18 (p. 27)	2
	Refused Go to Q10.18 (p. 27)	9

10.17. How many residential telephone numbers do you have? (173)

Exclude dedicated fax and computer lines	Total telephone numbers [8 = 8 or more]	
	Refused	9

10.18. Indicate sex of respondent. **Ask Only if Necessary** (174)

Male	Go to Section 12: HIV/AIDS (p. 32)	1
------	---	---

Female		2
--------	--	---

Now I have some questions about other health services you may have received.

Section 11: Women's Health

- 11.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (175)
- a. Yes 1
 - b. No **Go to Q11.4 (p. 29)** 2
 - Don't know/Not sure **Go to Q11.4 (p. 29)** 7
 - Refused **Go to Q11.4 (p. 29)** 9
- 11.2. How long has it been since you had your last mammogram? (176)
- Read only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9

- 11.3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (177)
- a. Routine checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
- 11.4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (178)
- a. Yes 1
 - b. No **Go to Q11.7 (p. 30)** 2
 - Don't know/Not sure **Go to Q11.7 (p. 30)** 7
 - Refused **Go to Q11.7 (p. 30)** 9
- 11.5. How long has it been since your last breast exam? (179)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9

- 11.6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (180)
- a. Routine Checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
- 11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (181)
- a. Yes 1
 - b. No **Go to Q11.10 (p. 31)** 2
 - Don't know/Not sure **Go to Q11.10 (p. 31)** 7
 - Refused **Go to Q11.10 (p. 31)** 9
- 11.8. How long has it been since you had your last Pap smear? (182)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9

11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (183)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

11.10. Have you had a hysterectomy? (184)

A hysterectomy is an operation to remove the uterus (womb)

- a. Yes **Go to Section 12: HIV/AIDS (p. 32)** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

If respondent 45 years old or older, go to Section 12: HIV/AIDS (p. 32)

11.11 To your knowledge, are you now pregnant? (185)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

Section 12: HIV/AIDS

If respondent is 65 years old or older, go to Closing Statement (p. 37).

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

Code 01 through 12	12.1.	If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?	(186-187)
	a.	Grade	
	b.	Kindergarten	5 5
	c.	Never	8 8
		Don't know/Not sure	7 7
		Refused	9 9
	12.2.	If you had a teenager who was sexually active, would you encourage him or her to use a condom?	(188)
	a.	Yes	1
	b.	No	2
		Would give other advice	3
		Don't know/Not sure	7
		Refused	9

12.3. What are your chances of getting infected with HIV, the virus that causes AIDS? (189)

Would you say: **Please Read**

- a. High 1
- b. Medium 2
- c. Low 3
- or**
- d. None 4

Not applicable **Go to Q12.7a (p. 34)** 5

Don't know/Not sure 7

Refused 9

**Do not
read these
responses**

12.4. Have you donated blood since March 1985? (190)

a. Yes 1

b. No **Go to Q12.6a (p. 34)** 2

Don't know/Not sure **Go to Q12.6a (p. 34)** 7

Refused **Go to Q12.6a (p. 34)** 9

12.5. Have you donated blood in the past 12 months? (191)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

12.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (192)

a. Yes **Go to Q12.7 (p. 34)** 1

b. No **Go to Closing Statement (p. 37)** 2

Don't know/Not sure **Go to Closing Statement (p. 37)** 7

Refused **Go to Closing Statement (p. 37)** 9

**Include
saliva
tests**

	12.6a.	Have you ever been tested for HIV?	(193)
Include saliva tests	a.	Yes Go to Q12.7a	1
	b.	No Go to Closing Statement (p. 37)	2
		Don't know/Not sure Go to Closing Statement (p. 37)	7
		Refused Go to Closing Statement (p. 37)	9
	12.7.	Not including your blood donations, have you been tested for HIV in the past 12 months?	(194)
Include saliva tests	a.	Yes Go to Q12.8 (p. 35)	1
	b.	No Go to Closing Statement (p. 37)	2
		Don't know/Not sure Go to Closing Statement (p. 37)	7
		Refused Go to Closing Statement (p. 37)	9
	12.7a.	Have you been tested for HIV in the past 12 months?	(195)
Include saliva tests	a.	Yes 1	
	b.	No Go to Closing Statement (p. 37)	2
		Don't know/Not sure Go to Closing Statement (p. 37)	7
		Refused Go to Closing Statement (p. 37)	9

12.8. What was the main reason you had your last test for HIV? (196-197)

Reason code

Read Only if Necessary

- a. For hospitalization or surgical procedure 0 1
- b. To apply for health insurance 0 2
- c. To apply for life insurance 0 3
- d. For employment 0 4
- e. To apply for a marriage license 0 5
- f. For military induction or military service 0 6
- g. For immigration 0 7
- h. Just to find out if you were infected 0 8
- i. Because of referral by a doctor 0 9
- j. Because of pregnancy 1 0
- k. Referred by your sex partner 1 1
- l. Because it was part of a blood donation process 1 2
- Go to Closing Statement (p. 37)**
- m. For routine check-up 1 3
- n. Because of occupational exposure 1 4
- o. Because of illness 1 5
- p. Because I am at risk for HIV 1 6
- q. Other 8 7
- Don't know/Not sure 7 7
- Refused 9 9

12.9. Where did you have your last test for HIV? (198-199)

Facility Code

Read Only if Necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

- | | | |
|--------|--|-------|
| 12.10. | Did you receive the results of your last test? | (200) |
| a. | Yes | 1 |
| b. | No Go to Closing Statement | 2 |
| | Don't know/Not sure Go to Closing Statement | 7 |
| | Refused Go to Closing Statement | 9 |
| 12.11. | Did you receive counseling or talk with a health care professional about the results of your test? | (201) |
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

OR

Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.

Activity List for Common Leisure Activities Coding List A

Code Description

- | | |
|---|--------------------------------|
| 01. Aerobics class | 28. Racketball |
| 02. Backpacking | 29. Raking lawn |
| 03. Badminton | 30. Running |
| 04. Basketball | 31. Rope skipping |
| 05. Bicycling for pleasure | 32. Scuba diving |
| 06. Boating (canoeing, rowing, sailing for pleasure or camping) | 33. Skating - ice or roller |
| 07. Bowling | 34. Sledding, tobogganing |
| 08. Boxing | 35. Snorkeling |
| 09. Calisthenics | 36. Snowshoeing |
| 10. Canoeing/rowing - in competition | 37. Snow shoveling by hand |
| 11. Carpentry | 38. Snow blowing |
| 12. Dancing-aerobics/ballet | 39. Snow skiing |
| 13. Fishing from river bank or boat | 40. Soccer |
| 14. Gardening (spading, weeding, digging, filling) | 41. Softball |
| 15. Golf | 42. Squash |
| 16. Handball | 43. Stair climbing |
| 17. Health club exercise | 44. Stream fishing in waders |
| 18. Hiking - cross-country | 45. Surfing |
| 19. Home exercise | 46. Swimming laps |
| 20. Horseback riding | 47. Table tennis |
| 21. Hunting large game - deer, elk | 48. Tennis |
| 22. Jogging | 49. Touch football |
| 23. Judo/karate | 50. Volleyball |
| 24. Mountain climbing | 51. Walking |
| 25. Mowing lawn | 52. Waterskiing |
| 26. Paddleball | 53. Weight lifting |
| 27. Painting/papering house | 54. Other _____ |
| | 55. Bicycling machine exercise |
| | 56. Rowing machine exercise |

Coding List B

Lap Swimming

Size pool/Laps
(1 lap = 2 lengths)

- 50 ft. pool
5 laps (10 lengths) = .1 mile
100 ft. pool
2½ laps (5 lengths) = .1 mile
50 meter pool
1½ laps (3 lengths) = .1 mile

Running/Jogging/Walking

- 1/2 mile = .5 mile
1/4 mile = .3 mile
1/8 mile = .1 mile
1 block = .1 mile

Module 1: Diabetes

1. How old were you when you were told you have diabetes? (202-203)
 Code age in years [97 = 97 and older]
 Don't know/Not sure 9 8
 Refused 9 9

2. Are you now taking insulin? (204)
 a. Yes 1
 b. No 2
 Refused 9

3. Are you now taking diabetes pills? (205)
 a. Yes 1
 b. No 2
 Don't know/Not sure 7
 Refused 9

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (206-208)
 a. Times per day 1
 b. Times per week 2
 c. Times per month 3
 d. Times per year 4
 e. Never 8 8 8
 Don't know/Not sure 7 7 7
 Refused 9 9 9

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (209-211)
- | | |
|---------------------|-------|
| a. Times per day | 1 |
| b. Times per week | 2 |
| c. Times per month | 3 |
| d. Times per year | 4 |
| e. Never | 8 8 8 |
| f. No feet | 5 5 5 |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |
6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (212)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (213-214)
- | | |
|---------------------|-----|
| a. Number of times | |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (215-216)

- a. Number of times [**76 = 76 or more**]
- b. None 8 8
- c. Never heard of hemoglobin "A one C" test 9 8
- Don't know/Not sure 7 7
- Refused 9 9

If "no feet" to Q5, go to Q10

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (217-218)

- a. Number of times
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (219)

Read Only if Necessary

- a. Within the past month (0 to 1 month ago) 1
- b. Within the past year (1 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. 2 or more years ago 4
- e. Never 8
- Don't know/Not sure 7
- Refused 9

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (220)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
12. Have you ever taken a course or class in how to manage your diabetes yourself? (221)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 2: Sexual Behavior

If respondent 50 years old or older, go to next module.

These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

1. During the past twelve months, with how many people have you had sexual intercourse? (222-223)
 - a. Number [76 = 76 or more]
 - b. None **Go to Next Module** 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

2. Was a condom used the last time you had sexual intercourse? (224)
 - a. Yes 1
 - b. No **Go to Q4** 2
 - Don't know/Not sure **Go to Q4** 7
 - Refused **Go to Q4** 9

3. The last time you had sexual intercourse, was the condom used ... (225)

Please Read

 - a. To prevent pregnancy 1
 - b. To prevent diseases like syphilis, gonorrhea, and AIDS 2
 - c. For both of these reasons 3
 - or**
 - d. For some other reason 4
 - Don't know/Not sure 7
 - Refused 9

**Do not
read these
responses**

4. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? (226)

Would you say: **Please Read**

- a. Very effective 1
- b. Somewhat effective 2
- or**
- c. Not at all effective 3
- Don't know how effective 4
- Don't know method 5
- Refused 9

Do not
read these
responses

5. A new sex partner is someone the respondent had sex with for the first time in the past 12 months

How many new sex partners did you have during the past twelve months? (227-228)

- a. Number [**76 = 76 or more**]
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

6. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You Don't need to tell me which one.

You have used intravenous drugs in the past year

You have been treated for a sexually transmitted or venereal disease in the past year

You tested positive for having HIV, the virus that causes AIDS

You had anal sex without a condom in the past year

Do any of these situations apply to you? (229)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

7. In the past five years, have you been treated for a sexually transmitted or venereal disease? (230)

- a. Yes 1
- b. No **Go to Q9** 2
- Don't know/Not sure **Go to Q9** 7
- Refused **Go to Q9** 9

8. Were you treated at a health department STD clinic? (231)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

9. Due to what you know about HIV, have you changed your sexual behavior in the past 12 months? (232)

- a. Yes 1
- b. No **Go to Next Module** 2
- Don't know/Not sure **Go to Next Module** 7
- Refused **Go to Next Module** 9

10. Did you make any of the following changes in the past 12 months?

Please Read		<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>NA</u>	<u>Ref</u>	
If respondent says "abstinent," ask "Are you abstinent now?" If "no," read b and c. If "yes," do not read b and c and code b and c 8	a. Did you decrease the number your sexual partners or become abstinent?	1	2	7		9	(233)
	b. Do you now have sexual intercourse with only the same partner?	1	2	7	8	9	(234)
	c. Do you now always use condoms for protection?	1	2	7	8	9	(235)

Module 3: Family Planning

If respondent is male or age 45 years old or older, go to next module.

The next few questions ask about pregnancy and ways to prevent pregnancy.

If pregnant now ("Yes" to core Q10.11), go to Q2a.

1. Have you been pregnant in the last 5 years? (236)
 - a. Yes 1
 - b. No **Go to Q3** 2
 - Don't know/Not sure **Go to Q3** 7
 - Refused **Go to Q3** 9

2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? (237)

Would you say: **Please Read**

 - a. You wanted to be pregnant sooner **Go to Q3** 1
 - b. You wanted to be pregnant later **Go to Q3** 2
 - c. You wanted to be pregnant then **Go to Q3** 3
 - d. You didn't want to be pregnant then or at anytime in the future
Go to Q3 4
 - or
 - e. You don't know **Go to Q3** 7
 - Do not read Refused **Go to Q3** 9

- 2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? (238)

Would you say: **Please Read**

- | | |
|---|---|
| a. You wanted to be pregnant sooner | 1 |
| b. You wanted to be pregnant later | 2 |
| c. You wanted to be pregnant then | 3 |
| d. You didn't want to be pregnant then or at any time in the future | 4 |
| or | |
| e. You don't know | 7 |
| Do not read Refused | 9 |

If respondent had hysterectomy ("Yes" to core Q11.10) or is pregnant now ("Yes" to core Q11.11), go to Q6.

If respondent has no sex partners ("None" to Q1 in Sexual Behavior module), go to Q6.

3. Are you or your [fill in (husband/partner) from core Q10.4] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant. (239)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q5 | 2 |
| c. Not sexually active Go to Q6 | 3 |
| Don't know/Not sure Go to Q6 | 7 |
| Refused Go to Q6 | 9 |

4. What kinds of birth control are you or your [fill in (husband/partner) from core Q10.4] using now? (240-241)

Kind Code

Read Only if Necessary

**If more than
one, code
other and
specify each
method code**

- | | |
|---|-----|
| a. Tubes tied (sterilization) Go to Q6 | 0 1 |
| b. Vasectomy (sterilization) Go to Q6 | 0 2 |
| c. Pill Go to Q6 | 0 3 |
| d. Condoms Go to Q6 | 0 4 |
| e. Foam, jelly, cream Go to Q6 | 0 5 |
| f. Diaphragm Go to Q6 | 0 6 |
| g. Norplant Go to Q6 | 0 7 |
| h. Shots (Depo-Provera) Go to Q6 | 0 8 |
| i. Withdrawal Go to Q6 | 0 9 |
| j. Other [specify]_____ Go to Q6 | 8 7 |
| Don't know/Not sure Go to Q6 | 7 7 |
| Refused Go to Q6 | 9 9 |

5. What are your reasons for not using any birth control now?

(242-243)

Reason Code

Read Only if Necessary

**If more than
one, code
other and
specify each
method code**

- | | |
|--|-----|
| a. I am not having sex | 0 1 |
| b. I want to get pregnant | 0 2 |
| c. I don't want to use birth control | 0 3 |
| d. My husband or partner doesn't want to use birth control | 0 4 |
| e. I don't think I can get pregnant | 0 5 |
| f. I can't pay for birth control | 0 6 |
| g. Other [specify]_____ | 8 7 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

6. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?

(244)

Would you say: **Please Read**

- | | |
|---|---|
| a. A family planning clinic [Example: a Planned Parenthood clinic]
Go to Q8 | 1 |
| b. A health department clinic | 2 |
| c. A community health center | 3 |
| d. A private gynecologist | 4 |
| e. A general or family physician | 5 |
| or | |
| f. Some other kind of place | 8 |
| Don't know/not sure | 7 |
| Refused | 9 |

**Do not
read these
responses**

Example: a Planned Parenthood clinic	7. Have you ever used the services at a family planning clinic?	(245)
	a. Yes	1
	b. No Go to Next Module	2
	Don't know/not sure Go to Next Module	7
	Refused Go to Next Module	9
8. How long has it been since you used the services at a family planning clinic?		(246)
Read Only if Necessary		
a. Within the past year (1 to 12 months ago)	1	
b. Within the past 2 years (1 to 2 years ago)	2	
c. Within the past 3 years (2 to 3 years ago)	3	
d. Within the past 5 years (3 to 5 years ago)	4	
e. 5 or more years ago	5	
Don't know/Not sure	7	
Refused	9	

Module 6: Oral Health

1. How long has it been since you last visited a dentist or a dental clinic for any reason?
(263)

Read only if necessary

Include visits to dental specialists, such as orthodontists

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

2. How many of your permanent teeth have been removed because of tooth decay or gum disease?
Do not include teeth lost for other reasons, such as injury or orthodontics. (264)

Include teeth lost due to "infection"

- | | |
|--------------------------|---|
| a. 1 to 5 | 1 |
| b. 6 or more but not all | 2 |
| c. All | 3 |
| d. None | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If "never" to Q1 or "all" to Q2, go to 4.

3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (265)

Read only if necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

If "within the past year," to Q1 or Q3, go to Q5.

4. What is the main reason you have not visited the dentist in the last year? (266-267)

Reason code

Read Only if Necessary

- | | |
|---|-----|
| a. Fear, apprehension, nervousness, pain, dislike going | 0 1 |
| b. Cost | 0 2 |
| c. Do not have/know a dentist | 0 3 |
| d. Cannot get to the office/clinic (too far away, no transportation, no appointments available) | 0 4 |
| e. No reason to go (no problems, no teeth) | 0 5 |
| f. Other priorities | 0 6 |
| g. Have not thought of it | 0 7 |
| h. Other | 0 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

5. Do you have any kind of insurance coverage that pays for some or all of your routine dental care,

including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?
(268)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Module 10: Immunization

- | | | |
|----|---|-------|
| 1. | During the past 12 months, have you had a flu shot? | (279) |
| | a. Yes | 1 |
| | b. No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
| 2. | Have you ever had a pneumonia vaccination? | (280) |
| | a. Yes | 1 |
| | b. No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Module 13: Cardiovascular Disease

1. To lower your risk of developing heart disease or stroke, has a doctor advised you to...

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Eat fewer high fat or high cholesterol foods	1	2	7	9	(295)
b. Exercise more	1	2	7	9	(296)

2. To lower your risk of developing heart disease or stroke, are you?

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Eating fewer high fat or high cholesterol foods?	1	2	7	9	(297)
b. Exercising more?	1	2	7	9	(298)

3. Has a doctor ever told you that you had any of the following?

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Heart attack or myocardial infarction	1	2	7	9	(299)
b. Angina or coronary heart disease	1	2	7	9	(300)
c. Stroke	1	2	7	9	(301)

If respondent 35 years old or older continue with Q4. Otherwise, go to next module.
--

4. Do you take aspirin daily or every other day? (302)
- | | |
|------------------------|---|
| a. Yes Go to Q6 | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

5. Do you have a health problem or condition that makes taking aspirin unsafe for you? (303)

If yes, ask "Is this a stomach condition?" Code upset stomachs as stomach problems	a. Yes, not stomach related Go to Q7	1
	b. Yes, stomach problems Go to Q7	2
	c. No Go to Q7	3
	Don't know/Not sure Go to Q7	7
	Refused Go to Q7	9

6. Why do you take aspirin?

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. To relieve pain	1	2	7	9	(304)
b. To reduce the chance of a heart attack	1	2	7	9	(305)
c. To reduce the chance of a stroke	1	2	7	9	(306)

If respondent is male or is pregnant ("Yes" to core Q11.11), go to next module.

The next few questions are about menopause, or what some women refer to as the "change of life."

If respondent had hysterectomy ("Yes" to core Q11.10) or if respondent is age 65 or older, go to Q8.

7. Have you gone through or are you now going through menopause? (307)

Probe for which	a. Yes, have gone through menopause	1
	b. Yes, now going through menopause	2
	c. No Go to Next Module	3
	Don't know/Not sure Go to Next Module	7
	Refused Go to Next Module	9

8. Estrogens such as Premarin and progestins such as Provera are female hormones that may be prescribed around the time of menopause, after menopause, or after a hysterectomy. Has your doctor discussed the benefits and risks of estrogen with you? (308)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

9. Other than birth control pills, has your doctor ever prescribed estrogen pills for you? (309)

- Do not include estrogen patches**
- a. Yes 1
 - b. No **Go to Next Module** 2
 - Don't know/Not sure **Go to Next Module** 7
 - Refused **Go to Next Module** 9

10. Are you currently taking estrogen pills? (310)

- Do not include estrogen patches**
- a. Yes 1
 - b. No 2
 - Don't know/Not sure **Go to Next Module** 7
 - Refused **Go to Next Module** 9

11. Why...

are you taking...[if "Yes" to Q10]

did you take...[if "No" to Q10]

...estrogen pills?

Please Read

	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Never took</u>	<u>Ref</u>	
a. To prevent a heart attack	1	2	7	8	9	(311)
b. To treat or prevent bone thinning, bone loss, or osteoporosis	1	2	7	8	9	(312)
c. To treat symptoms of menopause such as hot flashes	1	2	7	8	9	(313)

Module 18: Tobacco Use Prevention

1. In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home? (360)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

If "Employed," or "Self-employed" to core Q10.7 continue. Otherwise, go to Q5.

2. While working at your job, are you indoors most of the time? (361)

- a. Yes 1
- b. No Go to Q5 2
- Don't know/Not sure Go to Q5 7
- Refused Go to Q5 9

3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?(362)

Please Read

- For workers who visit clients, "place of work" means their base location**
- a. Not allowed in any public areas 1
 - b. Allowed in some public areas 2
 - c. Allowed in all public areas or 3
 - d. No official policy 4
 - Don't know/Not sure 7
 - Refused 9
- Do not read these responses**

4. Which of the following best describes your place of work's official smoking policy for work areas?

(363)

Please Read

For workers who visit clients, "place of work" means their base location

Do not read these responses

- a. Not allowed in any work areas 1
- b. Allowed in some work areas, or 2
- c. Allowed in all work areas 3
- d. No official policy 4
- Don't know/Not sure 7
- Refused 9

5. In the following locations, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

	<u>All Areas</u>	<u>Some Areas</u>	<u>Not Allowed</u>	<u>Dk/Ns</u>	<u>Ref</u>	
Please Read						
a. Restaurants	1	2	3	7	9	(364)
b. Schools	1	2	3	7	9	(365)
c. Day care centers	1	2	3	7	9	(366)
d. Indoor work areas	1	2	3	7	9	(367)

If "No" to core Q7.1 or "Not at all" to core Q7.2, go to Next Module

6. Has a doctor or other health professional ever advised you to quit smoking? (368)

If yes, ask "About how long ago was it?"

- a. Yes, within the past 12 months (1 to 12 months ago) 1
- b. Yes, within the past 3 years (1 to 3 years ago) 2
- c. Yes, 3 or more years ago 3
- d. No 4
- Don't know/Not sure 7
- Refused 9

Module 19: Smokeless Tobacco Use

	1.	Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?	(369)
Probe for chewing tobacco, snuff, or both	a.	Yes, chewing tobacco	1
	b.	Yes, snuff	2
	c.	Yes, both	3
	d.	No, neither Go to Closing Statement	4
		Don't know/Not sure Go to Closing Statement	7
		Refused Go to Closing Statement	9
	2.	Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?	(370)
"Yes" includes occasional use	a.	Yes, chewing tobacco	1
	b.	Yes, snuff	2
	c.	Yes, both	3
	d.	No, neither	4
		Don't know/Not sure	7
		Refused	9

State-Added Questions

STATE-ADDED DEMOGRAPHIC QUESTION TO BE ASKED FOLLOWING CORE DEMOGRAPHIC QUESTION ASKING ABOUT SPANISH/HISPANIC ORIGIN

S1. Are you American Indian or of American Indian origin? (400)

- 1= Yes
- 2= No
- 7= Don't Know/Not Sure
- 9= Refused

STATE-ADDED HIV/AIDS QUESTIONS TO BE ASKED OF ALL RESPONDENTS, FOLLOWING CORE HIV/AIDS QUESTIONS

S2. Which of the following topics have you discussed with your family AT LEAST ONCE during the last month?

Illegal drug use? (401)

- 1= Yes
- 2= No
- 3= Not Applicable(No Family)
- 7= Don't Know, Not Sure
- 9= Refused

S3. HIV/AIDS prevention? (402)

- 1= Yes
- 2= No
- 3= Not Applicable (No Family)
- 7= Don't Know, Not Sure
- 9= Refused

S4. Sexual behavior? (403)

- 1= Yes
- 2= No
- 3= Not Applicable (No Family)
- 7= Don't Know, Not Sure
- 9= Refused

S5. Do you think it would be acceptable to have a public program where people who injected drugs could exchange their used needles and syringes for new ones? (404)

- 1= Yes
- 2= No
- 7= Don't Know/Not Sure
- 9= Refused

STATE-ADDED DIABETES SCREENING QUESTIONS -- TO BE ASKED AFTER OPTIONAL DIABETES MODULE. PERSONS RESPONDING "YES" (01) TO THE DIABETES CORE MODULE SHOULD GO TO S8

S6. Glucose is a substance found in your blood. Have you ever had your blood glucose or sugar checked to see if you have diabetes? (405)

1= Yes

2= No **Go to S8**

7= Don't know/Not sure **Go to S8**

9= Refused **Go to S8**

S7. When was the last time your blood glucose or sugar level was measured by a health care professional? (406)

1= Within the past year (1 to 12 months ago)

2= Within the past three years (1 to 3 years ago)

3= Over three years ago

7= Don't know/Not sure

9= Refused

S8. Has any member of your family ever had diabetes? (407)

1= Yes

2= No

7= Don't know/Not sure

9= Refused

STATE-ADDED TOBACCO USE PREVENTION QUESTION TO BE ASKED FOLLOWING THE SMOKELESS TOBACCO AND TOBACCO USE PREVENTION OPTIONAL MODULES

S9. Have you ever smoked a cigar, even just a few puffs? (408)

1= Yes

2= No - **Go to S12**

7= Don't know/Not sure - **Go to S12**

9= Refused - **Go to S12**

S10. When was the last time you smoked a cigar? (409-410)

Please read only if necessary

01= Within the past month (0 to 1 month ago)

02= Within the past 3 months (1 to 3 months ago)- **Go to S12**

03= Within the past 6 months (3 to 6 months ago)- **Go to S12**

04= Within the past year (6 to 12 months ago)- **Go to S12**

05= Within the past 5 years (1 to 5 years ago)- **Go to S12**

06= Within the past 15years (5 to 15 years ago)- **Go to S12**

07= 15 or more years ago - **Go to S12**

77= Don't know/Not sure - **Go to S12**

99= Refused - **Go to S12**

S11. In the past month, did you smoke cigars: (411)

Please Read

1= Everyday

2= Several times per week

3= Once per week

4= Less than once per week

7= Don't know/Not sure

9= Refused

S12. Do you now smoke a tobacco pipe every day, some days or not at all? (412)

Please Read

1= Everyday

2= Some days

3= Not at all

7= Don't know/Not sure

9= Refused

STATE-ADDED NUTRITION QUESTIONS TO BE ASKED FOLLOWING STATE-ADDED TOBACCO QUESTIONS

S13. In the past year, have you ever worried that you or someone else in your household would **NOT** have enough food to eat? (413)

1= Yes

2= No

7= Don't Know/Not Sure

9= Refused

S14. Are you currently taking any steps to reduce or control the amount of fat in your diet? (414) 1= Yes

2= No

7= Don't Know/Not Sure

9= Refused

STATE-ADDED ORAL HEALTH QUESTION TO BE ASKED FOLLOWING THE ORAL HEALTH OPTIONAL MODULE

S15. Do you know what protective mouthguards are? (415)

1= Yes

2= No

7= Don't Know/Not Sure

9= Refused

STATE-ADDED TRAFFIC SAFETY QUESTIONS

S16. When placing any child safety seat in a motor vehicle, what is the safest location within the vehicle for the seat?

(416)

- 1= In the front passenger seat
- 2= In the middle of the front seat
- 3= Behind the driver in the back seat
- 4= Behind the passenger in the back seat, or
- 5= In the middle of the back seat
- 7= Don't Know/Not Sure
- 9= Refused

S17. Would you support a law in Montana which makes the use of protective helmets mandatory for motorcycle riders of all ages?

(417)

- 1= Yes
- 2= No
- 7= Don't Know/Not Sure
- 9= Refused

S18. Do you support retaining Montana's mandatory seatbelt law?

(418)

- 1= Yes
- 2= No
- 7= Don't Know/Not Sure
- 9= Refused

S19. Which of the following do you feel will make you MOST INTOXICATED?

(419)

Please Read

- 1= A 12 oz. can of beer
- 2= A 5 oz. glass of wine
- 3= One shot of 80 proof whiskey
- 4= All have the same effect
- 7= Don't Know/Not Sure
- 9= Refused

S20. In Montana, what percent do you think is the legal blood alcohol content in order to be classified as driving while intoxicated?

(420-423)

- XXXX= Enter percent (no decimals)
- 7777= Don't Know/Not Sure
- 9999= Refused

S21. If it were determined that the driver was a problem drinker, do you think that their license should be reinstated before their drinking problem is under control?

(424)

- 1= Yes
- 2= No
- 7= Don't Know/Not Sure
- 9= Refused

S22. How many drinks do you think YOU would have to consume in one hour to reach the LEGAL LIMIT to be classified as driving while intoxicated? (425-426)

01-60= Number drinks

77= Don't Know/Not Sure

99= Refused

STATE-ADDED FIREARMS QUESTIONS

S23. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (427)

1= Yes

2= No - **Go to next module**

7= Don't know/Not sure -- **Go to next module**

9= Refused - **Go to next module**

S24. Are any of the firearms handguns, such as pistols or revolvers? (428)

1= Yes

2= No

7= Don't know/Not sure

9= Refused

S25. Are any of the firearms long guns, such as rifles or shotguns? (429)

1= Yes

2= No

7= Don't know/Not sure

9= Refused

S26. What is the main reason that there are firearms in or around your home? (430)

1= Hunting or sport

2= Protection

3= Work

4= Some other reason

7= Don't know/Not sure

9= Refused

S27. Is there a firearm in or around your home that is now both loaded and unlocked? (431)

1= Yes

2= No

7= Don't know/Not sure

9= Refused

S28. During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people? (432)

1= Yes

2= No

7= Don't know/Not sure

9= Refused

S29. During the last 30 days, have you driven or been a passenger in a motor vehicle in which you knew there was a loaded firearm? (433)

1= Yes

2= No

7= Don't know/Not sure

9= Refused

S30. During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else? (434)

1= Yes

2= No

7= Don't know/Not sure

9= Refused

S31. In the past three years, have you attended a firearm safety workshop, class, or clinic? (435)

1= Yes

2= No

7= Don't know/Not sure

9= Refused

S32. Do any of the firearms kept in or around your home belong to you, personally? (436)

1= Yes

2= No

7= Don't know/Not sure

9= Refused

STATE-ADDED BOATING/OPEN WATER SAFETY QUESTIONS

S33. Within the past year, how often did you ride in a boat less than 18 feet long, such as a raft, canoe, or small motor boat? (437)

1= **Never Go to S36 with kids or end without kids.**

2= Less than 6 times

3= 6 to 12 times, or

4= More than 12 times

7= Don't Know/Not Sure **Go to S36**

9= Refused **Go to S36**

S34. When you rode in the boat, how often did you wear a life jacket? Would you say: (438)

1= Always

2= Nearly always

3= Sometimes

4= Seldom, or

5= Never

7= Don't Know/Not Sure

9= Refused

S35. Within the past year, how often did you use alcohol or other drugs while in the boat? (439)

1= Always

2= Nearly always

3= Sometimes

4= Seldom, or

5= Never

7= Don't Know/Not Sure

9= Refused

If core Q10.5 a, b, and c are "none," go to next module or end of survey

S36. How often do your children wear a life vest around open water, such as on a beach, a dock, or the shore of a lake, pond, or river? Would you say: (440)

1= Always

2= Nearly always

3= Sometimes

4= Seldom

5= Never, or

6= Children are never around open water

7= Don't Know/Not Sure

9= Refused

S37. How often do your children wear a life vest when riding in a boat less than 18 feet long, such as a raft, canoe, or small motor boat? Would you say: (441)

1= Always

2= Nearly always

3= Sometimes

4= Seldom

5= Never, or

6= Children never ride in a boat

7= Don't Know/Not Sure

9= Refused

- S38. How qualified do you feel in correctly fitting a life vest on your child? (442)
- 1= Very qualified
 - 2= Somewhat qualified
 - 3= Not very qualified, or
 - 4= Not at all qualified
 - 7= Don't Know/Not Sure
 - 9= Refused